

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **FOLDABLE UNITARY INTRAOCULAR LENS** the specification of which is attached hereto;

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56.

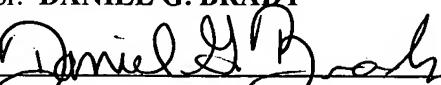
POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all telephone calls to **Peter J. Gluck, Attorney, 714.247.8510 or
David C. Webb, Patent Agent, 714.247.8323**

Address all correspondence to **Advanced Medical Optics, Inc.
1700 E. St. Andrew Place
Santa Ana, CA 92705**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor: **DANIEL G. BRADY**

Inventor's signature 

Date 2/24/04

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Post Office Address: **30121 Saddle Ridge Dr., San Juan Capistrano, California 92675**

Citizenship: **United States of America**